



*The Commonwealth of Massachusetts
Commonwealth Health Insurance Connector Authority
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Boston, MA 02108*

DEVAL PATRICK
Governor

TIM MURRAY
Lieutenant Governor

JAY GONZALEZ
Board Chair

GLEN SHOR
Executive Director

Board of the Commonwealth Health Insurance Connector Authority

Minutes

Thursday, March 10, 2011
9:00 AM to 11:00 AM
One Ashburton Place
Boston, MA 02108
21st Floor Conference Room

Attendees: Jay Gonzalez, Dolores Mitchell, Glen Shor, Terry Dougherty, Ian Duncan, Celia Weislo, Louis Malzone, Nancy Turnbull, Joseph Murphy, Andres Lopez, and Jonathan Gruber.

The meeting was called to order at 9:06 AM.

- I. Minutes:** The minutes of the February 24, 2011 meeting were approved by unanimous vote.
- II. Executive Director's Report:** Glen Shor did not have any new information to report to the Board and recommended that the meeting proceed to the next agenda item.
- III. Commonwealth Care Member Survey:** Stephanie Chrobak opened by stating that the Commonwealth Care (CommCare) Member Survey results were phenomenal and tell a very good story about the program. Ms. Chrobak highlighted the fact that the overall survey response rate was 40%, which she stated is extraordinary. Dolores Mitchell asked if there was a difference in the survey results between members who responded by phone and members who responded by mail. Ms. Chrobak said she would obtain this information for the Board. Nancy Turnbull asked if members were given an option as to how they could respond to the survey. Ms. Chrobak answered that members were first contacted by phone. If no response was gained by phone, members would be sent a copy of the survey by mail. Ms. Chrobak continued by stating that 84% of members indicated they are "extremely satisfied" or "satisfied" with the CommCare program. Celia Weislo commented that it is interesting the satisfaction ratings were so similar across all Plan Types. Ms. Turnbull asked if there was a difference in the percentage of members who were either "extremely satisfied" or "extremely dissatisfied" among the different Plan Types. Ms. Chrobak said she would obtain this information for the Board.

Joseph Murphy arrived at 9:17 AM.

While discussing the “drivers of satisfaction” results for CommCare members, Jonathan Gruber commented that it would be interesting to remove Plan Type 1 members from the results since they do not pay premiums and pay very low copayments. Ms. Turnbull asked if there was any variation in the survey response rate across the different Plan Types. Ms. Chrobak said that she will obtain this information for the Board. Terry Dougherty then requested information on the survey response rate by managed care organization (MCO). Ms. Chrobak said that she will return to the Board with this information and she stated that the Commonwealth Health Insurance Connector Authority (CCA) will be sending the Board a comprehensive, ninety-page report on the survey results in the near future.

Mr. Gruber asked how the CCA defined “uninsured” for the purposes of the survey questions regarding how many CommCare members had been uninsured previously. Ms. Chrobak replied that a person was considered uninsured if they had to pay for medical services completely out of their own pocket. Mr. Gruber stated that defining coverage in this way would include in the insured category individuals who had access to Free Care, which is not considered to be health insurance. This would cause the percentage of respondents who reported having coverage during the twelve months prior to enrolling in CommCare to be higher. Ms. Chrobak continued by discussing the survey’s findings regarding the affordability of CommCare. Mr. Gruber asked that the survey results on the reasonableness of copayment levels be sorted by Plan Type. Secretary Gonzalez asked if there were any respondents who indicated that they felt they were receiving too good of a deal as a member of CommCare in terms of premium and copayment amounts. Ms. Chrobak said that this question was not specifically asked in the survey. Mr. Dougherty added that the survey does provide information about how many people “strongly agreed” that their premiums and copayments are reasonable, which could be an indicator of what percentage of members feel they are receiving a good deal. Mr. Shor stated that the survey results will be sorted by Plan Type in the ninety-page report and any outliers, while there are not many, are highlighted. Ms. Wcislo requested data sorting member responses on the affordability of CommCare by MCO. While discussing the survey questions regarding member out of pocket expenses, Ms. Turnbull asked if premium payments were included in this category for the survey. Kaitlyn Kenney responded that the term “out of pocket expenses” was used generally in the survey, so whether or not premium payments would be considered an out of pocket expense would be based on the perception of the member. Ms. Kenney added that she believes a member generally would consider premium payments to be an out of pocket expense. Ms. Turnbull stated that it would be interesting to see the survey results regarding out of pocket costs sorted by Plan Type. Mr. Dougherty asked if the percentage of CommCare members that have not utilized care within the last twelve months in the general CommCare population is higher than 4%, as indicated by respondents of the survey, which Ms. Chrobak confirmed. Ms. Chrobak mentioned that the survey results indicate that CommCare members visit the emergency room at the same rate as the general population. Ms. Wcislo asked that the members who indicated that they postponed or did not get prescriptions within the last twelve months be sorted by Plan Type and by self-perception of health. Mr. Gruber asked that the CCA compare the percentage of members who had trouble obtaining prescriptions with similar statistics for employer sponsored insurance and private non-group plans.

While discussing the survey results regarding the application, enrollment and eligibility review processes, Ms. Turnbull commented that these results confirm the importance of outreach efforts in assisting individuals with obtaining state subsidized health insurance. Mr. Gruber asked that the CCA group respondents who have lost coverage since joining CommCare under several broad categories by reason for losing coverage, since respondents provided a wide variety of reasons which are different but often connected. Ms. Wcislo and Louis Malzone raised the issue of mail not being received as a significant reason for CommCare members

losing coverage. Mr. Dougherty added that a significant number of MassHealth members lose their coverage because mail is not able to be delivered to them. Mr. Turnbull added that, unlike Medicaid where members can be enrolled retroactively, CommCare uses a commercial model where members are enrolled prospectively. This means that there are different consequences for CommCare members than MassHealth members if they experience a gap in coverage. Mr. Dougherty asked how often MCOs update their provider directories. Ms. Chrobak responded that she did not have this information and that how accurate provider directories are largely depends on the quality of communication between providers and MCOs. Ms. Wcislo asked if members of certain MCOs were having more trouble finding and seeing a provider than others. Ms. Chrobak said the CCA can obtain this information for the Board. Mr. Malzone asked if providers not accepting CommCare members can be attributed to the level of reimbursement or timeliness of payments for services from the MCOs. Ms. Chrobak replied that because the answer to this question is principally based on the individual relationships between MCOs and health care providers this would be difficult to answer. Ms. Mitchell suggested that the CCA review the results of the CommCare Member Survey with the Massachusetts Medical Society and ask them if they could play a role in expanding the number of health care providers who accept CommCare patients. Secretary Gonzalez expressed his support for Ms. Mitchell's suggestion. He commented that the member survey provides a lot of good news about CommCare, and it also shows where there is room for improvement. He asked Board members to raise any further questions to the staff of the CCA after reading the full report. Ms. Turnbull concluded the discussion by stating that the satisfaction level of CommCare members is largely dependent upon the performance of the MCOs. Therefore, this survey reflects positively on them as well.

- IV. Final Affordability Schedule for 2011 (VOTE):** Kaitlyn Kenney opened by explaining that the proposed Calendar Year 2011 Affordability Schedule brought forth at this meeting is the same as the draft schedule presented to the Board at the February 10, 2011 meeting. However, Ms. Kenney noted that the proposed Affordability Schedule has been adjusted to reflect recent changes to the federal poverty level. She stated that the only comments submitted to the CCA on the draft Affordability Schedule were from the ACT!! Coalition. Ms. Kenney highlighted their comment which states that cost sharing should be taken into account in a more meaningful way through the Affordability Schedule. The Board voted unanimously to adopt the Affordability Schedules for individuals, couples and families for calendar year 2011, as proposed by the staff of the CCA.
- V. Wellness Program Vendor Selection (VOTE):** Scott Devonshire began by summarizing some background information about the small businesses wellness initiative. Ms. Mitchell asked if the health content available to participating employers and employees will also be available in hard copy, which Mr. Devonshire confirmed. Ms. Turnbull asked if the program's materials will be available in multiple languages. Mr. Devonshire responded that initially the materials will only be available in English. However, the CCA and the recommended vendor, PayFlex, will work together to make the materials available in other languages. Ms. Turnbull added that it is important that these materials be attentive to the different cultures of the wellness program participants.

Mr. Devonshire continued by explaining the core program requirements. Mr. Shor said working with a vendor will allow the CCA to gain a clearer picture of how the wellness program will be structured. Mr. Devonshire explained that in order for an employer to qualify for the wellness subsidy 33% of the company's employees must complete a health assessment / needs and interest survey, and provide documentation of an up to date "well-visit" checkup. Mr. Gruber commented that setting a quantitative benchmark is important, and that the CCA should revisit and adjust it as needed. Mr. Gruber added that the minimum participation

requirement could be adjusted depending on how much funding is available for the subsidy. Ms. Mitchell asked if there are any protections for employees from their employers if they choose not to participate in the wellness program, thereby possibly costing their employers the subsidy. Mr. Devonshire responded that this is a matter that the CCA will need to address. Ms. Turnbull expressed the need to make sure that employers do not receive personal health information about their employees. Mr. Devonshire responded that this information is guarded from employers. Ms. Turnbull asked if there has been any connection established between a person completing a health risk assessment and better health. Mr. Shor replied that through establishing this wellness program, the CCA has learned that completing a health risk assessment is a major part of most wellness programs. Mr. Devonshire added that the CCA has learned that simply making people aware of their potential health issues is one of the most important aspects of a wellness program. Ms. Weislo stated that she would like the CCA to track how employers are providing incentives to encourage employee participation in the wellness program. Mr. Dougherty asked how the subsidy will be distributed to participating employers. Mr. Devonshire responded that the CCA is recommending that the full 5% subsidy be distributed to compliant employers after twelve months of offering the wellness program. Ms. Turnbull asked if PayFlex is a standalone company, which Mr. Devonshire confirmed and added that they subcontract with Live Healthier, who provides the wellness program engine. Ms. Mitchell asked why the CCA is not working directly with Live Healthier. Bob Nevins replied that Live Healthier had the opportunity to bid on the wellness program contract but did not. Noting that PayFlex has a relationship with Meltzer Group, which has small employer groups within the organization, Ms. Turnbull asked for confirmation that PayFlex has experience in the small group market. Mr. Devonshire confirmed that in working with Meltzer Group, PayFlex interacts with groups with as little as three employees.

Mr. Shor stated that the CCA will attempt to negotiate a limit on the amount of money that will be paid to PayFlex for their services. In addition, he said that the CCA will work to establish a procedure of capping participation in the wellness subsidy program in case funds run low, even though it is very difficult to predict enrollment at this juncture. Mr. Gruber asked how much money will be available for the program. Mr. Shor responded that the legislature has set aside \$7.5 million in the proposed state budget for FY 2012 and the CCA has been asked to contribute \$2.5 million to the program. However, these figures are still subject to change. Mr. Dougherty suggested that as enrollment in the wellness program grows, PayFlex should be able to administer the program for less money on a per member basis, which should create savings for the CCA. Mr. Dougherty asked if PayFlex is paid according to the number of participating employees or participating employers. Mr. Devonshire informed him that they are paid according to the number of participating employees. Ms. Turnbull asked if the wellness program will have any coaching capabilities. Mr. Devonshire replied that PayFlex does offer this option but the CCA decided not to include it for the first year because of its cost. However, he stated that the CCA will look to make other forms of support available, such as blogs and forums, where participants can share information. Mr. Gruber asked if employees can join the wellness program at no cost to them, which Mr. Devonshire confirmed. Mr. Gruber then emphasized the need to evaluate the success of the wellness program in terms of cutting medical costs, and suggested that the CCA obtain data from employers about their employees' medical expenses. Secretary Gonzalez stated that the purpose of this program is to make people healthier and measuring success in this regard is difficult. He continued by saying that this program gives the CCA the opportunity to contribute to the knowledge and conversation around wellness programs, and possibly use their wellness program as a model for others. Mr. Dougherty added that the CCA may not see medical costs for participating employers decrease in the short term and savings could appear in other areas such as workers compensation.

Ian Duncan arrived at 10:39 AM.

In light of the fact that PayFlex contracts with Live Healthier to facilitate the functionality of its wellness program, Ms. Mitchell cautioned that the CCA should be aware of the possibility of the two groups breaking ties at some point during the contract term. Ms. Turnbull suggested that the CCA find an outside partner to fund research on the success of the wellness subsidy program, since this matter is of significant interest to the health care industry. The Board voted unanimously to authorize the CCA to enter into a sixteen-month contract commencing March 18, 2011, with an option for three one-year extensions, with PayFlex in order to develop and implement a wellness program.

The meeting was adjourned at 10:42 AM.

Respectfully submitted,
Andrew J. Graham